

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-878)

SERIAL NO.	10/520868	FILING DATE
APPLICANT(S)		

CLAIMS

AS FILED	AFTER		AFTER		DEP.
	IND.	DEP.	1st AMENDMENT	DEP.	
1	/				
2	/				
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TOTAL IND.	4				
TOTAL DEP.	3				
TOTAL CLAIMS	7				

	IND.	DEP.		IND.	DEP.	
	IND.	DEP.		IND.	DEP.	
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS